

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002837

1. Entity Name
OPEN MAGNETIC IMAGING OF PEMBROKE PINES, LTD.



FILED

03 APR 28 AM 10:25

Principal Place of Business
330 S. FLAMINGO ROAD
PEMBROKE PINES FL 33027

Mailing Address
801 SOUTH UNIVERSITY DRIVE, SUITE K103A
PLANTATION FL 33324

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

90 CMI GROUP INC
Suite, Apt. #, etc. #100
2200 N COMMERCE PKWY

3. Mailing Address

90 CMI GROUP INC
Suite, Apt. #, etc. #100
2200 N COMMERCE PKWY

DUE BY MAY 1, 2003

City & State
WESTON, FL

City & State
WESTON, FL

4. FEI Number 65-0779361

Applied For
Not Applicable

Zip
33326

Country
US

Zip
33326

Country
US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DELGADO, MARIO R ESQ.
2000 PONCE DE LEON BLVD., #102
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$505,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P98000011115
NAME TESLA, INC.
STREET ADDRESS 801 SOUTH UNIVERSITY DRIVE, STE. K103A
CITY-ST-ZIP PLANTATION FL 33324

STREET ADDRESS

CITY-ST-ZIP

400017119734

DOCUMENT #
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STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-23-03

Date

954-888-6411

Daytime Phone #

CR2E003 (10/02)

0011384 AT